

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF LEONARD C. JEFFERSON		COURT CASE NUMBER C.A. No. 04-44 ERIE	
DEFENDANT WILLIAM WOLFE, ET AL.		TYPE OF PROCESS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN BARRY Lobdell		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SCI-ALBION, 10745 RT. 18 ALBION, PA 16475-0001		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
LEONARD C. JEFFERSON, CL-4135 10745 RT. 18 ALBION, PA 16475-0002		Number of parties to be served in this case	12
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold DEPARTMENT OF CORRECTIONS' SECURITY REGULATIONS PROHIBIT PLAINTIFF FROM OBTAINING D.O.C. EMPLOYEES' HOME ADDRESSES.

BARRY LOBDELL, SCI-ALBION, 10745 RT. 18, ALBION, PA 16475-0001

Signature of Attorney other Originator requesting service on behalf of: Leonard C. Jefferson	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER NONE	DATE 08-16-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **Unep** Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee Joe	Total Mileage Charges including endeavors,	Forwarding Fee	Total Charges Joe	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: **Mailed 8-24-05**

10/07/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

